



OFFICE OF REVENUE COMMISSION
P.O. BOX 123/ 1 MAIN STREET
KYKOTSMOVI, ARIZONA 86039
PHONE: (928) 734-3172
WEBSITE: www.hopi-nsn.gov

LICENSE NO. FY 2022
OFFICE USE ONLY

TOUR LICENSE APPLICATION

(PLEASE TYPE OR PRINT LEGIBLY)

APPLICANT INFORMATION: ☐ **NEW** ☐ **RENEWAL** ☐ **REPLACEMENT**

☐ **CORPORATION** ☐ **SOLE PROPRIETOR** ☐ **STEP-ON** ☐ **OTHER**

COMPANY NAME: _____ **PHONE #:** (____) _____
NAME OF COMPANY TO BE DISPLAYED ON THE LICENSE CERTIFICATE

NAME OF GUIDE: _____ **EMAIL:** _____
FIRST MIDDLE/MI. LAST

COMPANY ADDRESS: _____
P.O. BOX/STREET CITY/STATE ZIP

I HEREBY AUTHORIZE REVENUE COMMISSION TO LIST MY GENERAL CONTACT INFORMATION:
☐ **YES** ☐ **NO**

VEHICLE INFORMATION (CORPORATION, SOLE PROPRIETORS, AND OTHER ONLY):

☐ **POV** ☐ **BUS** ☐ **VAN** ☐ **RENTAL**

INSURANCE COVERAGE: EXPIRATION DATE: _____ **DL #:** _____

MAKE & MODEL COLOR LICENSE PLATE NO. STATE

DOCUMENT SUBMISSIONS (APPLICATION, INSURANCE, COPY OF DL):

EMAIL: KIANNA SOOHAFYAH, SECRETARY II
GAYVER PUHUYESVA, CHIEF REVENUE OFFICER

KSOOHAFYAH@HOPI.NSN.US
GPUHUYESVA@HOPI.NSN.US

USPS: HOPI TRIBE – OFFICE OF REVENUE COMMISSION
P.O. BOX 123 KYKOTSMOVI, AZ 86039

PAYMENT OPTIONS (V/MC, MONEY ORDER, CASHIER'S CHECK, OR CASH):

V/MC: HOPI TREASURERS DEPARTMENT AT (928) 734-3122 OR (928) 734-3124

LICENSE FEES:

☐ **ANNUAL - \$1,000.00** ☐ **HOPI MEMBER - EXEMPT**
ENROLLMENT #: _____ **D.O.B.** _____

HOPI CULTURAL PRESERVATION OFFICE FOR THEIR COMPLIANCE REQUIREMENTS: (928) 734-3614

I hereby agree to abide by the Laws and Regulations set forth by the Hopi Tribe's "Ordinance 17", to not engage in any tours until a license has been obtained from the Office of Revenue Commission (ORC). I hereby certify that the information provided on the application and supporting documents submitted are true and correct to the best of my knowledge. Any false or misleading information may lead to legal action within the Hopi Tribe Justice Courts; to include revocation of privileges and license(s) obtained.

SIGNATURE

DATE